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ACCIDENT AND SICKNESS PROGRAM FOR EXCHANGES

# ACCIDENT AND SICKNESS PROGRAM FOR EXCHANGES (ASPE) HEALTH BENEFITS PLAN

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Information for Exchange Grantees  
Outside the United States



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## What is ASPE?

- ASPE is a limited health benefits plan for participants on U.S. Department of State-sponsored exchange programs
- ASPE is not an insurance policy
- The plan is self-funded by the U.S. Department of State
- ASPE is intended to supplement participants' own health insurance plans
- Not all medical expenses are covered
- Grantees are responsible for understanding what expenses are covered and not covered

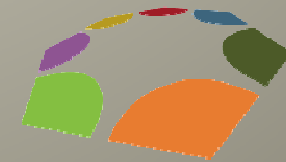




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# ASPE Administration

- Funded by the U.S. Department of State
- Administered by Seven Corners, Inc.
  - Seven Corners administers the program based on ASPE's policies and procedures detailed in the Benefit Guide
  - The role of Seven Corners is to:
    - Process claims
    - Respond to customer inquiries
    - Determine eligibility
    - Administer the prescription drug benefit
- Website: [www.usdos.sevencorners.com](http://www.usdos.sevencorners.com)



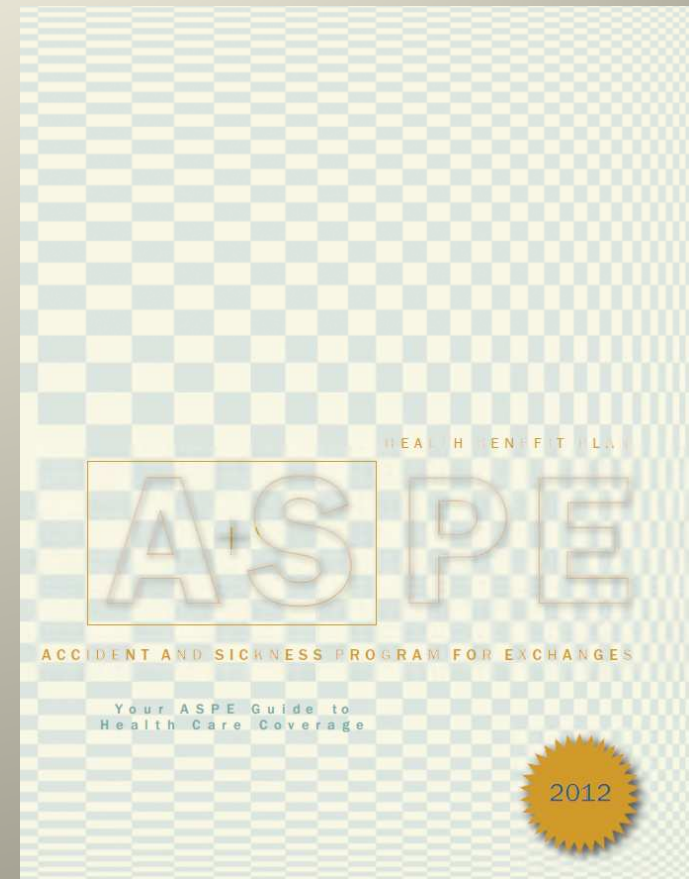
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# Benefit Guide

- The Benefit Guide provides detailed information on coverage, limitations and exclusions, sources of health information, and claims procedures
- Available for download at [www.usdos.sevencorners.com](http://www.usdos.sevencorners.com)
- Thoroughly read the Benefit Guide to understand ASPE policies and procedures



Current Version 1/2012



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# ID Card

- Your ASPE ID card contains your unique ID number and important contact information
- Fulbright grantees will receive their ID cards from CIES or IIE
- Grantees to Fulbright Commission countries will receive their ID cards upon arrival in their host country
- Carry your ID card with you at all times while on your grant





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## Period of Eligibility

- The dates on your ID card are the dates of your ASPE coverage
- ASPE provides 24/7 coverage in your host country
- ASPE will *not* cover you when outside of your host country on personal leave/vacation
- ASPE does not have a grace period. Once your grant expires your ASPE coverage expires even if you do not leave your host country







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# Coverage Limits

- \$100,000 maximum per sickness or injury
  - Read the Benefit Guide for exclusions
- Medevac Coverage
  - 100% when authorized by USDOS and Seven Corners
- Repatriation coverage up to \$10,000
- Grantee responsibility: a \$15 co-pay not to exceed \$500 max in a benefit year
  - Per office visit
  - Per ER/Urgent Care visit
  - Per hospitalization



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# Benefit Limitations

➤ ASPE does *not* cover the following:

- Pre-existing conditions
  - See the Benefit Guide for a full definition of pre-existing conditions
  - Exceptions to the pre-existing clause: pregnancy, prescription medications
- Dental Care—all dental care including routine treatment
  - Exception: dental treatment only for the *emergency alleviation of pain* will be paid up to a maximum of \$1000.00 per benefit year
- Vision Care—routine eye exams or glasses/contacts
- Routine Examinations—any type of routine medical care
- Immunizations/vaccinations
- See the Benefit Guide for a full list of coverage exclusions





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# www.usdos.sevencorners.com

- An essential site for information on ASPE coverage
- Register for “MyPlan” to access personal information and track claims
- Locate medical providers, download forms, get answers to Frequently Asked Questions





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# Customer Service

- Contact Seven Corners customer service
- Staffed 24/7
- Call collect from outside the U.S.: +01 317-818-2867
- E-mail: [usdosinfo@sevendcorners.com](mailto:usdosinfo@sevendcorners.com)
  - Find a doctor or hospital
  - Questions about ASPE or medical bills
  - Need a medical or prescription claim form
  - Pre-notification required for non-emergency hospitalization/surgery and for treatment of dental pain
  - Authorize medical evacuation
    - (MedEvac must be coordinated by Seven Corners, DOS, and hosting Commission or Post)



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# Medical Network

- Grantees outside of the US may use **any** provider or hospital
- If you need help locating a provider in your host country, visit [www.wellabroad.com](http://www.wellabroad.com) to search Seven Corner's network of providers (registration required)
- Some providers listed on WellAbroad have a direct payment relationship with Seven Corners, but depending on your host country and your chosen provider you should be prepared to pay up-front and get reimbursed after claim with Seven Corners
- You are not required to use a WellAbroad provider



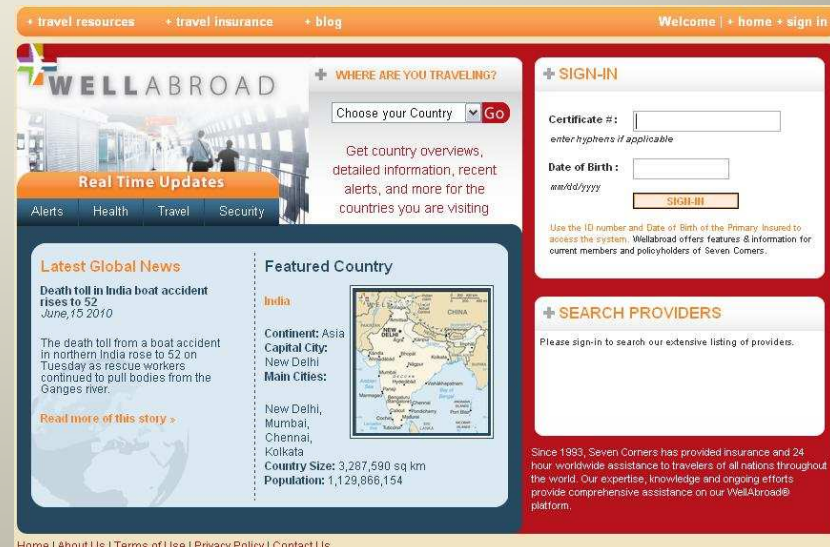


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# www.wellabroad.com

- Register using your ASPE ID number
- Select your host country and search Seven Corner's global network of providers



- Network includes doctors, pharmacies, and hospitals
- Not all providers can bill Seven Corners directly; you may need to pay up-front



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# Claims

- ASPE coverage is considered secondary to grantees' own health insurance policies
- If you currently have health insurance coverage, you should maintain coverage during your grant period
- If medical expenses are covered by your own insurance carrier, you should submit all claims to your carrier first, then submit a claim to ASPE







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# Claims

- ASPE claim forms can be found online at [www.usdos.sevencorners.com](http://www.usdos.sevencorners.com) or in the Benefit Guide
- Submit receipts with claim form, \$15 co-pay will be deducted from the reimbursement
- Payment is either check or wire transfer to your account; see website to download payment form

 **ACCIDENT/ILLNESS MEDICAL CLAIM FORM** 

**SEVENCORNERS**  
P.O. Box 3724, Carmel, IN 46032-3724  
Within the US (800) 967-9430  
Outside the US call collect (317) 818-2867  
Fax: (317) 575-4467

**Instructions:**  
1. This form is to be used when filing a claim for reimbursement of Medical Expenses and must be completed by the Exchange Participant in full.  
2. Fully itemized, original bills including Patient's Name, Nature of Illness / Injury, must be included with this claim form.  
3. Description and Charge for each service provided must be included with this completed claim form.  
4. This form must be signed and dated in all applicable sections.  
5. This form and all attached bills must be submitted to the address indicated above.  
6. For International claims, please complete and attach the Correspondence/Payment instruction form.

**The furnishing of this form, must not be construed as an admission of any liability on Seven Corners, nor a waiver of any of the conditions of the ASPE health benefit plan.**

1.) Current Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Termination Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Original Effective Date ASPE \_\_\_\_/\_\_\_\_/\_\_\_\_  
2.) ID Number: \_\_\_\_ 3.) E-Mail Address: \_\_\_\_  
(Required for claims processing)

4.) Name of Exchange Participant: \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: ☐ Male ☐ Female  
5.) Name of Patient: \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: ☐ Male ☐ Female  
6.) Current Residence Address: \_\_\_\_  
7.) Date of Arrival in Host Country: \_\_\_\_/\_\_\_\_/\_\_\_\_ Daytime Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
8.) Permanent Address (In Home Country): \_\_\_\_

Where do you want your payments/correspondence to go: US ☐ Outside of US ☐ Please complete Payment instruction form.  
9.) Date scheduled to return to Home Country: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Check here if return date is not yet determined.  
10.) If Accident, provide details, i.e., how when and where accident occurred: \_\_\_\_  
11.) If illness, advise when and where symptoms first occurred and nature of illness: \_\_\_\_  
12.) Name and address of Consulting Physicians: \_\_\_\_  
13.) Have you ever been treated for this illness before? Yes ☐ No ☐ If Yes, when? \_\_\_\_  
14.) Provide Name and Address of your Regular Physician in your Home Country: \_\_\_\_  
15.) Please advise names of any prescription medications you are presently taking: \_\_\_\_  
16.) Indicate other Health Insurance coverage, include name, address, policy number and certificate number of insurer: \_\_\_\_  
17.) If submitting bills for settlement please indicate: Total amount claimed, Including Currency of Claim: \_\_\_\_

I, the undersigned, authorize any hospital or other medical-care institution, physician or other medical professional, pharmacy, insurance support organization, governmental agency, group policyholder, insurance company, association, employer or benefits plan administrator to furnish to the Claims Administrator named above or its representatives, any and all information with respect to any injury or illness suffered by the medical history of or any consultation, prescription or treatment provided to, the person whose death, injury, illness or loss is the basis of claim and copies of all of their present hospital or medical records, including information relating to mental illness and use of drugs and alcohol, to determine eligibility for benefit payments under the ID Number identified above. I authorize the employer or benefits plan administrator to provide the Claims Administrator named above with financial and employment-related information. I understand that this authorization is valid for the term of coverage of the ID Number identified above and that a copy of this authorization shall be considered as valid as the original. I understand that I, or my authorized representative, may request a copy of this authorization. In addition, I hereby certify that the above information is true and correct to the best of my knowledge and belief.

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Patient or Parent, If Patient is a Minor

**Fraud Warning**  
In many jurisdictions of the United States, any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in prison.





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# Prescriptions

- Before you leave the United States:
  - Gather information about the availability of your prescription medication in your host country
  - Check with the foreign embassy of your host country to be sure the medication you are taking with you is not considered an illegal narcotic in that area
    - <http://www.state.gov/s/cpr/rls/dpl/32122.htm>
  - Contact your doctor to see how long a daily supply s/he can prescribe so that you can have it filled before you leave; discuss alternatives if your medication is not available in your host country
- It is your responsibility to determine and ensure that you will be able to get your required prescription drugs in your host country



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# Mail Order Prescriptions

- Prescriptions of allowable drugs can be ordered through Seven Corners and delivered by mail in your host country
- Not all countries accept prescription drugs by mail
- If prescriptions are accepted in your host country:
  - Take at least a 90 day supply with you when you depart the U.S.
    - *grantee responsibility*
  - The minimum mail order is a 90-day supply
  - Prescriptions must be written by a U.S.-licensed physician
  - Prescriptions will be filled with generics unless specified by your physician
  - You must be in your host country on an active grant



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# Mail Order Prescriptions

- The following countries do not accept prescriptions shipped from the U.S.:

Argentina

Armenia

Brazil

Croatia

Finland

France

Germany

Italy

Kazakhstan

Kosovo

Mexico

Norway

Peru

Russia

Switzerland

Syria

Turkey

Ukraine

- Call your doctor to inquire about the maximum day supply s/he can authorize
- Call your current health insurance provider to confirm the maximum quantities they will cover
- Remember to carry all your prescriptions in the original container and if possible carry a copy of the prescription.





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# Mail Order Prescriptions

- To order prescriptions by mail, use the prescription form available online or in back of the Benefit Guide
  - **Outside the U.S. Mail Order Prescription Form**
- You must send form every time you re-order by either fax or mail
- Prescriptions **cannot** be shipped to P.O. Boxes
- Do not use the Embassy address or pouch without written permission from the Embassy; written permission must accompany order
- Prescription drugs may be subject to customs duties
  - **grantee responsibility to pay any customs duties**

 Outside the U.S. 

Administered by Seven Corners  
P.O. Box 3724  
Carmel, IN 46033-3724  
Toll Free (800) 461-0430  
Fax (317) 575-6467

FOR OFFICE USE ONLY  
AUTH# \_\_\_\_\_

**Mail Order Prescription Form**

This service is provided by Seven Corners to provide prompt delivery of required prescription medications for USDOS Exchange Participants outside of the US, with no "up front" payment by the Exchange Participant for qualifying prescriptions.

To receive your prescription medication in the mail:

- The Prescription must be a covered drug as defined by the USDOS Health Care Program.
- Your order must be at least a three (3) month supply in order to qualify for the Direct Mail Prescription Service for Exchange Participants outside of the US.
- Complete the requested information below each time prescriptions are to be filled.
- Prescriptions must be valid and written by a licensed U.S. Physician.
- Place your prescription or refill request along with this completed form in an envelope and mail to: Seven Corners, P.O. Box 3724, Carmel, IN 46033-3724, or
- You may fax this form to 317-575-6467; however, **PLEASE NOTE** - in order for us to accept a faxed prescription, the prescription must be faxed with a cover sheet directly from the physician's office.
- Prescriptions faxed by Participants are not valid and will not be accepted.
- Be sure to provide your ID number, phone number and email address.
- Provide your doctor's name and phone number, and if available fax number, for each prescription included with the order form.
- Eligible prescriptions will be filled and shipped to the mailing address provided on this form.

Exchange Participant's Name	Gender	Exchange Participant's ID Number	
Exchange Participant's Phone Number	Birthdate	Exchange Participant's Email	Eligibility Start & End Dates
Complete address where medication is to be mailed (No P.O. Boxes allowed)			

PRESCRIPTION DRUG NAME	QTY	REFILL (Y/N)	DOCTOR'S NAME & PHONE NO.

I certify that the information on this form is correct.

Exchange Participant's Name (please print) \_\_\_\_\_ Exchange Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR HELP WITH PLACING YOUR ORDER CALL 1-800-461-0430 or called at 317-818-2867  
email: usdeninfo@sevencorners.com



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# Renew Prescriptions

- If your prescription expires while on your grant:
  - Grantee's responsibility to contact physician to get an new prescription
  - Most physicians will not renew a prescription without talking with the patient





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# Reimbursement

## ➤ Reimbursement for Prescription Drugs

- Pay for prescriptions out-of-pocket in your host country
- Use the claim form in back of benefit guide
  - Reimbursement Form for Prescription Drugs
- Follow instructions for reimbursement
- Exclusions to prescription drugs on page 22 of the Benefit Guide







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# Dependents

- ASPE only covers the grantee
  - Grantees traveling with dependents are strongly recommended to purchase a travel health insurance and medical evacuation policy that will cover dependents while abroad
  - Suggested websites for information and quotes:
    - <http://travel.state.gov/travel/>
    - [www.sevencorners.com](http://www.sevencorners.com) (commercial side)
    - [www.insubuy.com](http://www.insubuy.com)
    - [www.insuremytrip.com](http://www.insuremytrip.com)
    - [www.squaremouth.com](http://www.squaremouth.com)
    - [www.inext.com](http://www.inext.com)
    - [www.internationalstudentinsurance.com](http://www.internationalstudentinsurance.com)



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# Summary

- ASPE is a limited health benefit plan provided by the U.S. Department of State to supplement your own health insurance
- IIE, CIES, or the Fulbright Commission in your host country will provide an ID card with personal ID number and dates of coverage
- [www.usdos.sevencorners.com](http://www.usdos.sevencorners.com)
  - Explains benefits and exclusions, download forms, contact customer service
  - Register for “MyPlan” to view personal information and track claims
- [www.wellabroad.com](http://www.wellabroad.com)
  - For suggestions on health care providers—you can use any provider
- Prescription drugs
  - Plan ahead to ensure you will be able to get needed drugs while abroad
- Call Customer Service collect 24/7 or e-mail
  - if you have questions about your benefits after you are active on your grant in your host country